

NOV 15 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

36233

Do not use this space.

791

## 1. PLACE OF DEATH

(a) County..... Registration District No. **2-1003**  
 (b) Township..... Primary Registration District No. **3711 Palm Street**  
 (c) City **St. Louis** (d) Street No. **3711 Palm Street**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**PAULINE E. ROCKLAGE,**  
 (a) Residence, No. **3711 Palm Street.** St. **10**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **August h. Rocklage**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 29, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**68 8 21**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Mathias Kreis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Pauline Boehler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **August Rocklage 3711 Palm St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethany** DATE **Oct. 23, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILER **J. Bredeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 20, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1933** to **Oct 20 1937**

I last saw him alive on..... 19..... Death is said to have occurred on the date stated above, at **1:45 P. M.**

The principal cause of death and related causes of importance were as follows:

**Myocarditis chronic**

Date of onset

Other contributory causes of importance: **93C**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) **Clarence A. Quinn**, M. D.

(Address) **1927 A main**

OCT 22 1937

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Leonard Hampton  
Licensed Embalmer No. 2967

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**